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To: *Ms. Marsha Twitty*

From: David Grober

Fax: *(571) 273-9900*Pages (excl. Cover): *2*Phone: *(571) 272-7750*Date: *Oct 11, 2005*

Re:

CC:

Notes:*Dear Ms. Twitty,**Enclosed are the two documents requested.
Please call if there is anything further.**Thank you for your assistance.*

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PROCEDURE (04-05)
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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	6611,662 / 95-0000 92
	Filing Date	
	First Named Inventor	DAVID E. GROBER
	Art Unit	2851
	Examiner Name	William D. Perkey
	Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	DAVID E. GROBER				
Address	616 VENICE BLVD				
City	VENICE	State	CA.	Zip	90291
Country	U.S.A.				
Telephone	(310) 822-1100 / ext 310 951-1110	Email	david.grober@chalmers.com		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee or Record

Signature	<i>David E. Grober</i>		
Name	DAVID E. GROBER		
Date	OCT 10, 2005	Telephone	(310) 822-1100

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

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To: USPTO
By Fax: (571) 272-7750

Reference: Inter-partes reexamination 95/000,092

I, David E. Grober, the patent owner, have served the following document(s)
Revocation of Power of Attorney – on the requester, Mitchell Rosenfield,
Rosenfield Law Corporation, 2165 Filbert St. Suite 200. San Francisco, CA. 94124
by first class US mail on October 11, 2005.



David E. Grober

Date: October 11, 2005